

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10603902 FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	1									
TOTAL DEP.	10	←	←	←	←	←	←	←	←	←
TOTAL CLAIMS	11	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████
TOTAL IND.										
TOTAL DEP.		←	←	←	←	←	←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████